

Clerk's Office Daniel P. Fitzgerald

Town Hall: 602 S. Hough St • Barrington, IL 60010 **Phone:** 847-381-5632 **Fax:** 847-381-0623 **E-mail:** info@barringtontownship.com

REQUEST FOR RECORDS IN ACCORDANCE WITH THE FREEDOM OF INFORMATION ACT

I am requesting to: Copy ☐ Insp	pect ☐ Certified ☐,	the following public records:
Information Requested:		
Will this information be used for commercial purposes? Y	es □ No □	
Electronic Copy □ (email to <u>info@barringtontownship.com</u>)	Paper Copy □	
If paper copies are requested, the charge will be <u>.02</u> cents per c	opy (each side). Certification	n of documents is an additional $\frac{N/A}{A}$.
A response to your request will be made within five working d	ays of the receipt of this requ	nest.
Please return with a copy of this request on		•
Requested By:		
Name/Company:		
Address:		
City/State/Zip:	Phone:	
FOR OFFICE USE ONLY		
Date Request Received:		
By:		
		Signature
		1 Cost:
Form of Payment:	Paid in F	ull 🗆
Request Taken:	Date:	Time:
Information Given By:	Date:	Time:
Additional Time Requested By:	Date:	Time:
Denial Sent By:	Date:	Time:
Authorized By:		